

Expense Claim Form

Team Meeting _____

Date of Meeting _____

Location of Meeting _____

To receive reimbursement of expenses:

- Complete attached W9 form and fax it back to Linda Choate at 515-281-7700. (Faxing **this form** back will speed up the reimbursement process.) If more convenient, you can mail it to the address listed below. This is needed only if you have not had a claim in the last year.
- Itemize your expenses below; attach original lodging receipt(s).
- **Fill out completely and sign the form in ink. Mail original – do not fax!**
- ***Please complete claim sheet entirely-failure to do so will delay payment!***
- For sub reimbursement-please have your district business office send an invoice.
- Send within **30 days** of the meeting to:

Linda Choate
Iowa Department of Education
Grimes State Office Building
Des Moines, IA 50319

If you have any questions, please contact Linda at Linda.choate@iowa.gov or 515-242-5821.

Signature: _____ Date: _____

Name: _____

Address/City/Zip: _____

Phone: _____

Email Address: _____

Social Security #: _____

Lodging in state – **RECEIPT REQUIRED**

(\$75.00 plus tax maximum) if you live over 50 miles from meeting site \$ _____

Registration- **RECEIPT REQUIRED** \$ _____

Stipend -\$400.00 (both days required to receive) \$ _____

Departure Date & Time- Required _____

Return Date & Time- Required _____

Meals in state (If not provided) – ***RECEIPTS NOT REQUIRED – if multiple days please list all days***

Breakfast –\$8.00(if you leave home before 7:00 a.m.) Date _____ \$ _____

Lunch -\$12.00 Date _____ \$ _____

Dinner -\$23.00(if you arrive home after 6:00 p.m.) Date _____ \$ _____

Mileage (Number of miles – round trip) _____ \$ _____
(reimbursed at \$.39 mile)

TOTAL REIMBURSEMENT \$ _____